	Charge	Presented To:	Agency	v(ies) Charge No(s):	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		FEPA			
Statement and other morniager belong completing this form.	X	EEOC	42	3-2016-01899	
and EEOC					
State or local Agency	y, if any				
Name (Indicate Mr., Ms., Mrs.)		Home Phone (Incl.	•	Date of Birth	
Mr. Valentine O. Akpa Street Address · City, State an	21D Code	(845) 377	-3961	04-06-1981	
Street Address City, State and ZIP Code 1617 Robinson Street, Jackson, MS 39209					
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe					
Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)					
Name .		1		Phone No. (Include Area Code)	
CANONS REGULAR OF PREMONTRE (NORBERTINES)		15 - 100	15 - 100 (601)		
Street Address City, State and ZIP Code					
Priory Of St. Moses The Black, 7100 Midway Road, Raymond, MS 39154					
Name No. Employees, Members Phone No. (Include Area Code)					
Name		No. Employees, Men	Dels Phor	ne No. (Include Area Code)	
Street Address City, State or	nd ZIP Code			···	
U.S. EEOC/JAO				,	
U.D. EEUU/JAU					
DISCRIMINATION BASED ON (Check appropriate box(es).) DATE(S) DISCRIMINAT Earliest			TION TOOK PLACE Latest		
X RACE COLOR SEX RELIGION X NATIONAL ORI					
RETALIATION AGE DISABILITY GENETIC INFORMATION				VV 20 20 10	
OTHER (Specify)		CONTINUING ACTION			
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